

This notice must be posted and maintained by the employer in one or more conspicuous places.

# ★ NOTICE ★

## YOUR EMPLOYER IS SUBJECT TO THE KANSAS WORKERS COMPENSATION LAW WHICH PROVIDES COMPENSATION FOR JOB-RELATED INJURIES

**1-800-332-0353**

### WHAT TO DO IF AN INJURY OCCURS ON THE JOB

- Notify your employer immediately. Your claim may be denied if you fail to tell your employer within **10 days** of the injury. For just cause you may have 75 days to tell the employer of your injury. Thereafter you **must** file a written claim within 200 days of the accident or last date benefits are paid. Submission of Employer's Report of Accident does not constitute a written claim.

**MEDICAL BENEFITS** - An employer is required to furnish all necessary medical treatment and has the right to designate the treating physician. If the employee seeks treatment from a doctor not authorized by the employer, the employer or its insurance carrier is only liable up to \$500.00.

**WEEKLY BENEFITS** - Benefits are paid by the employer's insurance carrier or self-insurance program. Injured workers are not entitled to compensation for the first week they are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 2/3% of his average weekly wage up to a maximum of 75% of the state's average weekly wage. These benefits are subject to legislative changes and for the latest information on benefit levels, please contact the Division at the address and phone number below. If the injury results in permanent disability, the Kansas compensation law provides for additional benefits.

### HELPFUL INFORMATION - OMBUDSMAN WHERE TO GET HELP OR INFORMATION ON YOUR CLAIM

Contact the Ombudsman/Claims Advisory Section at the Kansas Division of Workers Compensation immediately if you do not receive compensation in a timely manner. The Division of Workers Compensation has full-time personnel who specialize in aiding injured workers with claim problems. They can give information on what benefits an injured

worker is entitled to receive. Such problems as benefits not being paid on time, unpaid medical bills, questions in regard to proper settlement amounts, etc., should be brought to the attention of the Division's Ombudsman/Claims Advisory Section. Injured workers may use our toll free telephone number 1-800-332-0353.

### INFORMACIÓN SOBRE COMPENSACIÓN DE TRABAJADORES

La ley exige que cuando un trabajador llega a sufrir un accidente, una herida, o una enfermedad a causa de su empleo, el empleador debe proporcionarle al trabajador incapacitado tratamiento médico y otros beneficios sin ningún costo al trabajador. El trabajador incapacitado tiene derecho a recibir un sueldo reducido, mientras se restablece. La ley tambien protege los derechos del trabajador incapacitado en otras maneras, por ejemplo: se prohíbe el desempleo de un trabajador solo por haber reclamado los beneficios de la compensación de trabajadores. Reporte cada accidente o lastimadura industrial inmediatamente al patrón, o al empleador. **Su reclamo**

puede ser negado si usted no notifica (avisa) a su empleador (patrón) dentro de **10 días** del accidente o lastimadura. Por buena causa usted puede tener 75 días para avisarle a su empleador (patrón) de su accidente o lastimadura. De allí en adelante, usted debe entregar un aviso por escrito dentro de 200 días del accidente o último día que recibió tratamiento medico, o que recibió beneficios. Un reporte de accidente no constituta un aviso por escrito. Para mas información acerca de los beneficios o para recibir asistencia con un reclamo, llame al teléfono 1-800-332-0353 (gratis) o al 785-296-2996.

### WHERE TO GET HELP OR INFORMATION ON YOUR CLAIM:

Current claims are being administered by \_\_\_\_\_

Their claims office is located at \_\_\_\_\_ telephone (\_\_\_\_\_) \_\_\_\_\_

**DIVISION OF WORKERS COMPENSATION**  
KANSAS DEPARTMENT OF LABOR  
800 SW JACKSON ST STE 600  
TOPEKA KS 66612-1227

Telephone Number: 785-296-2996 • Web site: [www.dol.ks.gov](http://www.dol.ks.gov) • e-mail: [workerscomp@dol.ks.gov](mailto:workerscomp@dol.ks.gov)

Persons with impaired hearing or speech utilizing a telecommunications device may access the above number(s) by using the Kansas Relay Center at 1-800-766-3777.